# Periscope.

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## CLINICAL NEUROLOGY.

257. De l'Organothérapie ovarienne en particulier dans le traitément de la chlorose (Ovarian Organotherapy in Chlorosis). Werth (La Méd. Moderne, May 18, 1898, p. 318).

Werth, of Keil, is said to have been the first to employ (in 1896) ovarian extract in menstrual disorders, followed soon after by Mainzer, Mond, Landon, and later by numerous others.

The recent theories of the usefulness of this form of organotherapy are founded upon various views of the probable, or possible, part played by the internal secretions of the ovaries.

Spillman and Etienne, and Etienne and Demange, Von Noorden and others declare the usefulness of properly made preparations of ovarian substance, and say that no intolerance has been observed, even with prolonged use, and recommend an almost indefinitely continued dose after castration during troubles due to the menopause and in chlorosis, insisting upon the origin of the latter from disturbances or suppressions of the ovarian secretion.

Mitchell.

258. Relations entre les maladies du systéme nerveux et la glycosurie (Relations between Diseases of the Nervous System and Glycosuria). L. Jumon (La Méd. Moderne, June 25, 1898, p. 405).

Numerous observations of late years have called attention to the relations between glycosuria, permanent or transitory, and disorders of the central nervous system, as well as in consequence of very various traumatisms, especially those of the cranial region.

It has been noted, too, that an alimentary glycosuria in persons in apparent good health may be followed by true diabetes. Von Jaksch, Strümpell and others have accordingly sought to establish a close connection between neurotic troubles and glycosuria, and have seen in the latter symptom a "neuropathic predisposition to diabetes." Van Jaksch goes so far as to believe the presence of glycosuria a fact of diagnostic importance in cases where traumatic neurosis is difficult of recognition.

Van Ordt, feeding a number of patients suffering from various nervous diseases, with an excess of glycose and dextrose, found a large percentage (14 per cent.) presented glycosuria phenomena as a result. The experiment is hardly a fair one in view of the almost constant presence in neuropathic patients of gastric or intestinal disorder in some form. The experiment included 178 patients with widely different maladies, and the general conclusions to be drawn are not important. As might have been anticipated, glycosuria was not found constantly associated with any special diseases, but was a little more frequent with diseases of the encephalon. No doubt in many cases it was present as an expression of the general lowering of nutrition; but nevertheless it is true that its appearance and its fluctuations with the intensity of the nervous disease testify to a relation with pathological processes in the central nervous system.

In glycosuria consequent upon trauma the symptoms appear to be related rather to the nervous phenomena, to the traumatic neurosis, that is to say, than to the injury itself, and again individual predisposition must be taken into account, else we cannot explain why the same grave psychic syndromes should determine glycosuria in one case and not in another.

Glycosuria was noted in neurasthenia, hysteria and post-traumatic neurosis; it was not found in other neuroses, in true epilepsy, nor in general in spinal diseases not affecting the bulb.

W. Ebstein has examined the relations between epilepsy and diabetes from three points of view: 1, epilepsy as a result of diabetes; 2, diabetes as a result of epilepsy, and 3, the two maladies as a result of one cause.

The first is not a frequent case. In sixteen cases of diabetic coma Dreschfeld saw convulsions only once, and in eighty reported cases of coma but six cases of convulsions are noted, where albuminuria was not present to account for the seizures.

Jacoby considers diabetic epilepsy as an intermittent acetonæmic manifestation.

The second may be subdivided into two classes, according to whether there is simply a passing glycosuria after the attacks or a chronic diabetes. A passing glycosuria has been noticed by some former authors, but neither Ebstein nor Huppert has seen it, a result which agrees with Van Ordt.

True diabetes consequent upon epilepsy has never been noted except in Griesingers's case, which he attributed to an abuse of sugary food.

As to the third class, the causes may be general or local; hereditary predisposition and family habit may play a large part in both disorders, but the co-existence of the two diseases is certainly not common. Ebstein quotes one case. In two other cases with symptoms pointing to hemi-lateral cerebral lesions the patients suffered also with intermittent diabetes. Ebstein concluded that if glycosuria is not more frequently observed in epileptic patients, especially those suffering from the Jacksonian type of the disease, it is only because the urine is not frequently enough examined for sugar.

MITCHELL.

259. ZUR MULTIPLEN HERDSKLEROSE (Concerning Multiple Sclerosis). M. Probst (Deutsche Zeitschrift für Nervenheilkunde, 12, 1897-1898, p. 446).

The writer reports a case which presented clinically the appearance of amyotrophic lateral sclerosis, but proved on microscopical